

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9768</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>William D Nowikowski</u> P O Box, Bldg, Room No, if any Street <u>7314 40th Ave</u> City <u>Kenosha</u> State <u>WI</u> ZIP Code + 4 <u>53142-1938</u>	4 Name, file number, and address of labor organization Name <u>Teamsters Local 43</u> Labor Organization File Number <u>021917</u> P O Box, Building and Room Number, if any Street <u>1624 Yout Street</u> City <u>Bacine</u> State <u>WI</u> ZIP Code + 4 <u>53404-2160</u>
5 Position in labor organization <u>Steward / Part time trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>Sara Lee Bakery Group</u> Trade Name, if any P O Box, Bldg, Room No, if any Street <u>8400 Maryland Ave</u> City <u>St. Louis</u> State <u>MO</u> ZIP Code + 4 <u>63105</u>	7 a Nature of Interest, Transaction, or Income <u>Spouse' Beth J Nowikowski,</u> <u>employee of Sara Lee</u> <u>income for 2004</u> <u>attached W-2</u> 7 b Amount <u>7918 00</u>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>William Nowikowski</u>	On <u>8-12-05</u> <u>(262) 694-4962</u> Date Telephone Number

Name of Person Filing

William D Now, KOWSKY

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing**11 b Approximate dollar value of such dealing****12 a Nature of interest hold or income received****12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment.

2004 W-2 and EARNINGS SUMMARY

ADP

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1 The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer

Gross Pay	8017 35	Social Security Tax Withheld Box 4 of W-2	497 08	WI State Income Tax Box 17 of W-2	143 2
Fed. Income Tax Withheld Box 2 of W-2	17 01	Medicare Tax Withheld Box 6 of W-2	116 25	Local Income Tax Box 19 of W-2	
		SUI/SDI Box 14 of W-2			

2 Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WI State Wages, Tips, Etc Box 16 of W-2
Gross Pay	8,017 35	8,017 35	8,017 35	8,017 35
Less 401(k) (D-Box 12)	99 50	N/A	N/A	99 50
Reported W-2 Wages	7,917.85	8,017.35	8,017.35	7,917.85

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll department.

BETH NOWIKOWSKI
7314 40TH AVENUE
KENOSHA, WI 53142

Social Security Number 386-86-7102
Taxable Marital Status **MARRIED**
Exemptions/Allowances
FEDERAL 1
STATE 1

Wages, tips, other comp. 7917.85		2 Federal income tax withheld 17.01	
Social security wages 8017 35		4 Social security tax withheld 497.08	
Medicare wages and tips 8017.35		6 Medicare tax withheld 116.25	
Control Number 0082 11/8EW	Dept. EW490N	Corp. A	Employer use only 458
Employer's name, address, and ZIP code METZ BAKING COMPANY 8400 MARYLAND AVE ST LOUIS MO 63105			
Batch #02138			
Employer's FED ID number 42-0411560	d Employee's SSA number 386-86-7102		
Social security tips	8 Allocated tips		
Advance EIC payment	10 Dependent care benefits		
Nonqualified plans	12a See instructions for box 12 D 99.50		
Other	12b 12c 12d 13 Stat emp./Ret. plan/3rd party sick pay X		
Employee's name, address and ZIP code BETH NOWIKOWSKI 14 40TH AVENUE KENOSHA, WI 53142			
State WI	Employer's state ID no. 275168	16 State wages, tips, etc. 7917 85	
State income tax 143.26		18 Local wages, tips, etc.	
Local income tax		20 Locality name	
<p>For accurate, fast, and secure filing, use e-file. Visit the IRS Web Site at www.irs.gov</p> <p>Employee Reference Copy</p> <p>W-2 Wage and Tax Statement 2004</p> <p>OMB No. 1545-0048</p>			

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